

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017485

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 547

Registrar's No. 1363

FILED MAY 9 1962

VS 300  
Rev. 4/59

14003

24003

3

4 1

5 3

6

7 1

8 2

9 157X

10

11

12 90-0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

## 1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

Richmond Heights

Length of stay in 1b

5 weeks

c. FULL NAME OF (If NOT in hospital, give location)

7530 Lovella Ave.

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

c. CITY

OR TOWN

Richmond Heights

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

7530 Lovella Ave.

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First

SYLVIA

Middle

Last

DOERR

## 4. DATE OF DEATH

Month

May

Day

3rd 1962

Year

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

## 8. DATE OF BIRTH

1-2-1884

## 9. AGE (last birthday)

78

## IF UNDER 1 YEAR

Months 4

Days 1

## IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

## 10b. KIND OF BUSINESS OR INDUSTRY

Women's Apparel Shop

## 11. BIRTHPLACE (City and state or country)

Woodstock, Ill

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Charles Clark Leavitt

## 13b. MOTHER'S MAIDEN NAME

Margaret Meyer

## 14. NAME OF HUSBAND OR WIFE

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## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

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## 17. INFORMANT

## Address

A. Irene Leavitt 7530 Lovella Ave.

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Jeweled Carcinomatous

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Carcinoma of Pancreas

## DUE TO (c)

## INTERVAL BETWEEN ONSET AND DEATH

Dec, 62

Dec, 61

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerosis, Heart, Diabetes, Hypertension, Malnutrition

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

1-22-62

to 5-3-62

and last saw him alive on

4-27-62

## Death occurred at

1:52

P

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Joseph V. O'Donnell M.D.

## 22b. ADDRESS

539 N. Grand St. Louis 3, Mo

## 22c. DATE SIGNED

5/4/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

## 23b. DATE

May 5, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Oak Grove Crematory

## 23d. LOCATION (City, town, or county)

St. Louis, Mo.

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

A. H. BOCKLAGE 6536 Clayton Rd.

## 25. DATE RECD. BY LOCAL REG.

5-4-62

## 26. REGISTRAR'S SIGNATURE

John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*J. A. D. Embler*

Licensed Embalmer No.

*3653*

P. O. Address

*St. Louis 8 Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.